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FERENCE & ASSOCIATES LLC

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USPTO FACSIMILE COVER SHEET

To:	Commissioner for Patents
Fax Number:	(571) 273-8300
Date:	October 24, 2007
Pages:	19 pages (including this cover sheet)

MESSAGE:

NETWORK ROUTE CONTROL

Application No. ~~10/689,126~~ 10/698,126
Examiner Anish Sikri
Art Unit 2109

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment

YOR920030411US1
(590.116)

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**RECEIVED
CENTRAL FAX CENTER****OCT 24 2007**FERENCE & ASSOCIATES LLC
Amendment TransmittalAtty. Docket No. YOR920030411US1
(590.116)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Acharya et al.
Serial No. : 10/698,126 Examiner : Sikri, Anish
Filed : October 31, 2004 Group Art Unit : 2109
For : NETWORK ROUTE CONTROL

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

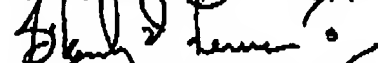
1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on October 24, 2007 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)



(Signature of person mailing paper or fee)

FERENCE & ASSOCIATES LLC
Amendment Transmittal

 Atty. Docket No. YOR920030411US1
 (590.116)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
				RATE	FEE	RATE	FEE
Total Claims	20	** 20	= * 0	x \$25	=	O x \$50	=
Ind. Claims	3	*** 3	= * 0	x \$105	=	O x \$210	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$185	=	O + \$370	=
				TOTAL	= \$ _____	TOTAL	= \$ _____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
 *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

 By Stanley D. Ference III
 Stanley D. Ference III
 Reg. No. 33,879
Dated: October 24, 2007

Mailing Address:

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